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TRICARE  
MANAGEMENT ACTIVITY

PRO

CHANGE 162  
6010.49-M  
SEPTEMBER 18, 2000

PUBLICATIONS SYSTEM CHANGE TRANSMITTAL  
FOR  
OPERATIONS MANUAL


The TRICARE Management Activity has authorized the following change(s) to 6010.49-M, reissued July 1992.

PAGE CHANGE(S): See pages 2 and 3.

REMOVE AND INSERT PAGE(S): See pages 2 and 3.

SUMMARY OF CHANGE(S): This change provides administrative revisions, deletes obsolete language, and updates cross-references. It clarifies eligibility for TPR, clarifies payments may not be made to sanctioned or suspended providers, clarifies when updated TPR directories should be sent by Lead Agents to the MCSC, includes the requirement for a TPR ID card to be produced by the MCSC, clarifies that Coast Guard SPOC is now located at the MMSO, allows MMSO read only access to claims history files, clarifies which care is to be referred to either the MTF or MMSO for authorization and determination of coverage, allows contractors to negotiate rates with non-participating providers and to pay the providers directly, clarifies Active Duty Service Member pharmacy access, clarifies requirements on how MCSCs reimburse ADSMs who have paid for care up front, clarifies Chapter 10 does not apply to ADSMs enrolled overseas, clarifies procedures for medical records copying costs. See pages 4 - 7.

EFFECTIVE DATE AND IMPLEMENTATION: December 1, 2000.

  
Mary C. Boykin  
Chief, Office of Program Requirements

ATTACHMENT(S): 77 PAGES  
DISTRIBUTION: 6010.49-M

WHEN PRESCRIBED ACTION HAS BEEN TAKEN, FILE THIS TRANSMITTAL WITH BASIC DOCUMENT

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**SUMMARY OF CHANGES**

**CHAPTER 7 - Program Integrity**

1. Table of Contents, page i. Typographical error corrected for Section II's page numbers.

**CHAPTER 8 - TRICARE Prime Remote Program**

2. Page 3.8.I-2. Clarified eligibility requirements and service requirements to enroll to a military PCM if required.
3. Page 3.8.I-3. Payments may not be made to sanctioned or suspended providers. Clarified Active Duty Service Member pharmacy access.
4. Page 3.8.I-4. Clarified appeal process.
5. Page 3.8.I-5. Clarified primary care services do not require SPOC authorization. Changed "monthly" to "quarterly" for the claims audit and clarified that TPR claims are included in claims processing standards in OPM Part One, Chapter 1. Clarified that TPR enrollment is mandatory unless there were service specific issues that merit assignment to a military PCM.
6. Page 3.8.II-1. Eliminated the requirement that Designated Providers had to provide certification that the care was not under the designated provider agreement. Clarified that contractors are not to reimburse for care provided under national and local DoD/VA MOUs.
7. Page 3.8.II-2. Clarified VA Providers Claims in Alaska will be processed as Supplemental Health Care claims. Deletes certification requirement that care was not included in the MOU is not required for Veteran's Affairs and Department of Health and Human Services facilities.
8. Page 3.8.II-3. Clarified Referred Care requirements.
9. Page 3.8.II-4. Clarified requirements on procedures to follow if care is received without an authorization or referral.
10. Page 3.8.II-5. Clarified SPOC authorization includes all ancillary services related to the care. Provided guidance on medical records copying cost reimbursement and procedures.
11. Page 3.8.III-1. Clarified when updated TPR directory should be sent by LA to MCSC. Included the requirement for TPR enrollment cards.
12. Page 3.8.III-2. Clarified the HEAR report is no longer sent to the SPOC.

13. Page 3.8.IV-2. Clarified requirements on how MCSCs reimburse ADSMs who pay up front for health care services. Changed Executive Director, TMA to Chief Operating Officer, TMA. Added a requirement for MCSCs to negotiate reimbursement, if necessary, with non-participating providers and to pay the providers directly.
14. Page 3.8.V-1. Changed language so TRICARE Prime Remote reports are consistent and due the 15<sup>th</sup> calendar day of the month.
15. Page 3.8.V-2. Changed language so TRICARE Prime Remote reports are due the 15<sup>th</sup> calendar day of the month.
16. Page 3.8.V-4. Changed “monthly” to “quarterly” in language stating TPR claims are not included in the claims audit.
17. Page 3.8.A-1. Coast Guard SPOC address is now at the MMSO.
18. Page 3.8.A-2. Made minor revisions to addresses for Uniformed Services Headquarters Points of Contact.
19. Page 3.8.C-1. Coast Guard SPOC address for dental claims is now at the MMSO.
20. Page 3.8.D-1. Added Coast Guard and National Guard to paragraph header.
21. Page 3.8.D-2. Added the requirement for MCSCs to allow MMSO read only access to claims history and necessary training to MMSO in order to access claims history.
22. Page 3.8.I-1. Added Addendum I containing a sample of the TPR Enrollment Card.

#### **CHAPTER 9 - Civilian Care Referred By MHS Facilities**

23. Page 3.9.I-1. Care without an authorization for ADSMs enrolled to an MTF shall be coordinated with the enrollee's MTF. Clarified this Chapter is not applicable to ADSMs enrolled overseas, authorization and claims procedures for overseas enrollees are in accordance with Policy Manual, Chapter 12.
24. Page 3.9.I-2. Changed “monthly” to “quarterly” for the claims audit and clarified that SHCP claims are included in claims processing standards in OPM Part One. Services provided to MTF referred patients shall be the same as for TRICARE Prime enrollees.
25. Page 3.9.II-1. Eliminated the requirement that Designated Providers had to provide certification that care was not under the designated provider agreement.
26. Page 3.9.II-2. Care provided under national and local MOUs with the VA will continue to be paid by the services or MTFs.

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27. Page 3.9.III-1. The MCSC, where a patient is enrolled, is responsible for processing the claim. Clarified processing of care for service determined eligible patients other than active duty.
28. Page 3.9.III-2. Added reference to Policy Manual, Chapter 12. Clarified claims processing when claims contain both referred and non-referred lines. The MCSCs shall coordinate non-referred care with the enrollee's MTF rather than the SPOC.
29. Page 3.9.III-3. Payments may not be made to sanctioned or suspended providers. Clarified Active Duty Service Member pharmacy access. Clarified MTF authorization includes any ancillary services. Added paragraph that claims for referred care for TRICARE Prime enrollees in an MTF inpatient status are SHCP claims.
30. Page 3.9.III-4. Care under MOU's with VA, Department of Health and Human Services are not paid by the MCSC under SHCP rules. Non-TRICARE Medicare eligibles claims are returned to submitting party for filing with the Medicare claims processor. Provided guidance on medical record copying cost reimbursement and procedures.
31. Page 3.9.III-5. MCSCs shall negotiate reimbursement, if necessary, with non-participating provider and pay the provider directly.
32. Page 3.9.III-6. Clarified requirements on how MCSCs reimburse ADSMs who pay up front for health care services. Changed Executive Director, TMA to Chief Operating Officer, TMA. Changed appeal process message on EOBs to show the MTF as the first step.
33. Page 3.9.III-8. Clarified reports are to be provided in electronic media in an Excel format.
34. Page 3.9.III-9. & 10. Clarified content of some report elements.
35. Page 3.9.III-11. Added addressees for pharmacy reports. Clarified content of some report elements.
36. Page 3.9.III-12. Clarified which congressional inquiries are to be sent to the Service Project Officers.
37. Page 3.9.IV-1. Changed monthly to quarterly in language stating that TPR claims are not included in the claims audit.
38. Page 3.9.V-1. Changed "Executive Director" to "Chief Operating Officer".
39. Page 3.9.A-1. Made minor revisions to the addresses for Service Project Officers.
40. Page 3.9.B-1. Coast Guard SPOC address for dental claims is now at the MMSO.

**CHAPTER 10 - Civilian Health Care of Uniformed Service Members**

41. Page 3.10.I-1. Added “received in the United States” to language in the Introduction. Clarified this Chapter is not applicable to ADSMs enrolled overseas. Authorization and claims procedures for overseas enrollees are in accordance with Policy Manual, Chapter 12. Added the Coast Guard SPOC to the MMSO.
42. Page 3.10.I-2. Changed “monthly” to “quarterly” for the claims audit and clarified SHCP claims are included in claims processing standards in OPM Part One, Chapter 1.
43. Page 3.10.II-1. Added language for Addendum A reference for the SPOC. Care under national and local MOU’s with the VA will continue to be paid by the services or MTFs.
44. Page 3.10.III-1. Added reference for Policy Manual, Chapter 12.
45. Page 3.10.III-2. If an ADSM is enrolled to an MTF claims shall be processed under Chapter 9. Added language that contractor staff shall receive and accept calls from ADSM requesting authorization for care.
46. Page 3.10.III-3. Clarified contractor responsibilities for non-emergent care. Clarified Active Duty Service Member pharmacy access. SPOC authorization includes any ancillary services. Payments may not be made to sanctioned or suspended providers.
47. Page 3.10.III-4. Provided guidance on medical record copying cost reimbursement and procedures. MCSCs shall negotiate reimbursement, if necessary, with non-participating providers and pay the providers directly.
48. Page 3.10.III-5. Clarified requirements on how MCSCs reimburse ADSMs who pay up front for health care services. Changed “Executive Director” to “Chief Operating Officer”. Standardized the appeal process in Chapter 10 to be the same as Chapter 8.
49. Page 3.10.III-6. Clarified reports are to be provided in electronic media in an Excel format.
50. Page 3.10.III-7. Clarified elements in the dollars paid report.
51. Pages 3.10.III-8 & 9. Clarified content of some report elements and reporting address requirements for Pharmacy reports.
52. Page 3.10.III-10. Clarifies which telephonic congressional inquiries are to be referred to the SPOC.
53. Pages 3.10.A-1 & 2. Coast Guard SPOC address is now at the MMSO. Made minor revisions to addresses for Uniformed Services Headquarters Points of Contact.

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54. Pages 3.10.B-1 & 2. Added Coast Guard to the paragraph header. Standardized the SPOC Referral Data to be consistent with Chapter 8 format.